

SERVICES		ACUTE CARE XIX		ALTCS				CHIP* XXI
				EPD		DDD		
		<21	>21	<21	>21	<21	>21	<19
Behavioral Health Counseling and Therapy	Individual	X	X	X	X	X	X	X
	Group and Family	X	X	X	X	X	X	X
Assessment, Evaluation and Screening Services	Screening	X	X	X	X	X	X	X
	Evaluation	X	X	X	X	X	X	X
	Assessment	X	X	X	X	X	X	X
	Testing	X	X	X	X	X	X	X
Other Professional**	Alcohol and/or drug services: Intensive Outpatient (Treatment Program that operates at least three hours/day and at least three hours/day week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	X	X	X	X	X	X	X
	Multisystemic Therapy for Juveniles	X	NA	X	NA	X	NA	X
	Mental Health Services (formerly Traditional Healing)	**		** i	** i	NA	NA	**
	Auricular Acupuncture	**		**i	**i	NA	NA	**
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		X	X	X	X	X	X	X
Cognitive Rehabilitation		X	X	X	X	X	X	X
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)		X	X	X	X	X	X	X
Psycho Educational Services and Ongoing Support to Maintain Employment		X	X	X	X	X	X	X
Medical Services ***		X	X	X	X	X	X	X
Laboratory, Radiology, and Medical Imaging		X	X	X	X	X	X	X
Medical Management		X	X	X	X	X	X	X
Electro-Convulsive Therapy		X	X	X	X	X	X	X
Case Management		X	X	X	X	X	X	X
Personal Care Services		X	X	X	X	X	X	X
Home Care Training Family (Family Support)		X	X	X	X	X	X	X
Self-Help/Peer Services		X	X	X	X	X	X	X
Home Care Training to Home Care Client (HCTC)		X	X	X	X	X	X	X
Unskilled Respite Care <sup>ii</sup>		X	X	X	X	X	X	X
Supported Housing**		**	**	** <sup>1</sup>	** <sup>1</sup>	**	**	**
Sign Language or Oral Interpretative Services		Provided at no charge to the member						
Transportation	Emergency	X	X	X	X	X	X	X
	Non-Emergency	X	X	X	X	X	X	X
Crisis Intervention Services	(Mobile Community Based)	X	X	X	X	X	X	X
	(Stabilization, Facility Based)	X	X	X	X	X	X	X
	(Telephone)	X	X	X	X	X	X	X

SERVICES	ACUTE CARE XIX		ALTCS				CHIP* XXI
			EPD		DDD		
	<21	>21	<21	>21	<21	>21	<19
Hospital	X	X	X	X	X	X	X
Subacute Facility	X	X	X	X	X	X	X
Residential Treatment Center	X	X	X	X	X	X	X
Behavioral Health Residential Facility (Without Room and Board)	X	X	X	X	X	X	X
Mental Health Services NOS (Room and Board)**	**	**	X**	X**	X**	X**	**
Supervised Behavioral Health Treatment and Day Programs	X	X	X	X	X	X	
Therapeutic Behavioral Health Services and Day Programs	X	X	X	X	X	X	
Community Psychiatric Supportive Treatment and Medical Day Programs	X	X	X	X	X	X	

**LIMITATIONS:**

- \* Services may be available through federal block grants.
- \*\* Services not available with Title XIX/XXI funding, but may be provided if other funds are available.
- \*\*\* See the Behavioral Health Drug List for further information on covered medication.

**See the AHCCCS Covered Behavioral Health Services Guide for restrictions, scope and time limitations, provider requirements and eligibility limitations for Title XIX and Title XXI behavioral health services.**

<sup>i</sup> Effective 10/1/17 for members determined to have a Serious Mental Illness

<sup>ii</sup> No more than 600 hours of respite care per contract year (October 1st through September 30th) per person